



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

March 6, 2007

Gary Ghramm, Administrator  
Sherman Avenue Beehive - Beehive of North Idaho  
2100 E Sherman Ave  
Coeur d' Alene, ID 83814

License #: RC-762

Dear Mr. Ghramm:

On February 8, 2007, a life safety code survey was conducted at Sherman Avenue Beehive - Beehive of North Idaho, Inc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY  
Team Leader  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

TB/slc

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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February 16, 2007

Dorothy Jones, Administrator  
Sherman Avenue Beehive - Beehive of North Idaho, Inc  
2100 E Sherman Ave  
Coeur D'Alene, ID 83814

Dear Ms. Jones:

On February 8, 2007, a life safety code survey was conducted at Sherman Avenue Beehive - Beehive of North Idaho, Inc. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 10, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Grimes', with a long horizontal flourish extending to the right.

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R762</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDING</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/08/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHERMAN AVENUE BEEHIVE - BEEHIVE OF N</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2100 E SHERMAN AVE COEUR D'ALENE, ID 83814</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on February 08, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety &amp; Construction</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

E9G221

If continuation sheet 1 of 1



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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <u>Sherman Avenue Beehive of North Idaho</u>	Physical Address <u>2100 EAST SHERMAN AVE.</u>	Phone Number <u>(208) 763-3624</u>
Administrator <u>GARY GHAMM</u>	City <u>COEUR D'ALENE</u>	ZIP Code <u>83814</u>
Survey Team Leader <u>TAYLOR BARKLEY</u>	Survey Type	Survey Date <u>2-8-7</u>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1.	405.01	A. Facility has an extension cord in use by the computer in the den.		
		B. Resident Room #9 has A multiple electrical Adapter in use.		
2.	405.05	A. Resident Room #6 missing escutcheon plate for sprinkler head		
		B. Resident Room #9 missing sprinkler escutcheon plate in the closet.		
		C. Resident Room #2 missing escutcheon plate in the bathroom.		

Response Required Date <u>3-8-7</u>	Signature of Facility Representative <u>Robert miles</u>	Date Signed <u>2-8-07</u>
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ASSISTED LIVING  
Non-Core Issues  
Punch List

Facility Name <i>Sherman Avenue Beehive of North Idaho</i>	Physical Address <i>2100 East Sherman Ave.</i>	Phone Number <i>(208) 763-3624</i>
Administrator <i>GARY Ghramm</i>	City <i>Coeur D'Alene</i>	ZIP Code <i>83814</i>
Survey Team Leader <i>TAYLOR BARKLEY</i>	Survey Type	Survey Date <i>2-8-7</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
2	405.05	D. Resident Room #3 missing escutcheon plate in the bathroom and the closet.		
		E. The Linen closet has A one inch by one inch hole in the wall.		
		F. The Facility has three Pipe Penetrations in the crawl space.		
		G. The facility has eight large holes in the ceiling of the basement.		
3	410.02	The facility did not conduct At least one fire drill per shift per quarter AS required.		

Response Required Date <i>3-8-7</i>	Signature of Facility Representative <i>Robert mutes</i>	Date Signed <i>2-8-07</i>
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